

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE TRANSPORTER ANNUAL REPORT FORMS

Item I - Transporter Name

Place the same name that appears on your Virginia Hazardous Waste Transporter Permit.

Note: *If the company's name, corporate structure, or EPA ID Number changes, a new hazardous waste transporter permit application needs to be submitted within 30 days of such change. Also, the appropriate permit application fee should accompany the application, as well as the appropriate financial documents.*

Item II – Date

Place the date the annual report was completed. (Example: MM/DD/YY)

Item III – Address

We would prefer the company's physical address on the report. Also, if you have a mailing address, please note it on the annual report.

Item IV – Virginia Permit Number

Place the Virginia Hazardous Waste Transporter Permit (Permit) on this line. The DEQ used your EPA ID Number to issue your Permit.

Item V – Phone Number

Place the telephone number of the company.

Item VI – Reporting Year

Place the year your are submitting your transportation activity. (Example: 2002)

Item VII – Hazardous Waste Originating in Virginia was Transported

- If you transported hazardous waste, which originated in Virginia, check the **yes** box. If yes, please complete one of the following forms:

Shipments within the Commonwealth, please only complete DEQ Form 7.2-2;

Shipments from the Commonwealth to Other States, please complete DEQ Form 7.2-3;

Shipments into the Commonwealth, please complete DEQ Form 7.2-4;

Shipments to Foreign Facilities, please complete DEQ Form 7.2-5; and

- If you did not transport hazardous waste, which originated in Virginia, only check the **no** box.

Item VIII – Please list Name and Address of Designated Official in Firm who can be contacted on Hazardous waste Transporter Matters (if other than reporting official)

Name

Place the name of the person who can be contacted on hazardous waste transporter matters.

Title

The contact person's title

Address

We would prefer to have the physical address of the contact person. We will accept post office box numbers.

Phone Number

Place the telephone number where the contact person can be reached.

Signature of Reporting Official

The signature could be of the contact person or any officer of the company who has authority to sign.

Title

The title of the Reporting Official

Date

The date the annual report form was completed.

Item IX – Intra-Commonwealth Shipments (DEQ Form 7.2-2), Shipments to Other States (DEQ Form 7.2-3), Shipments into the Commonwealth (DEQ Form 7.2-4), and Shipments to Foreign Facilities (DEQ Form 7.2-5)

1. Transporter Name

Place the same name that appears on your Virginia Hazardous Waste Transporter Permit.

2. Date

Place the date the annual report form was completed. (Example: MM/DD/YY)

3. Address

We would prefer a physical address of the company.

4. EPA ID Number

Place the EPA ID Number you received from the U.S. EPA or DEQ.

5. Virginia Transporter Permit Number

Place the Virginia Hazardous Waste Transporter Permit (Permit) on this line. The DEQ used your EPA ID Number to issue your Permit.

6. Phone Number

Place the telephone number of the company.

7. Reporting Year

Place the year your are submitting your transportation activity. (Example: 2002)

8. Reported by

Place the name of the person who completed the annual report. Also, that person can be the reporting official, principal contact person, or an officer of the company

9. Title

The title of the person who completed the form.

10. Report Hazardous Waste Transportation Activities

a. Date of Receipt of Shipment

This is the date the transporter accepted the shipment of hazardous waste from the generator.

b. Generator ID Number

The EPA ID Number of the generator received from U.S. EPA or from DEQ.

c. Facility ID (or Secondary Transporter) Number

The EPA ID Number of the Treater, Storer, or Disposal (TSD) or Recycling Facility, or the Second Transporter who received the shipment from the First Transporter.

d. Date Released to Facility (or Secondary Transporter)

The date the First Transporter released to the TSD or Recycling Facility or the date the First Transporter released the shipment to the Secondary Transporter.

e. Manifest Number

The unique number that is assigned to each manifest.

Note: If any information listed on the form change, please notify DEQ as soon as possible.